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APPLICANTS

Srinivas Gutta, Buchanan, NY;
 Eric Cohen-Solal, Ossining, NY;
 Miroslav Trajkovic, Ossining, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
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ADDRESS
 24737
 PHILIPS INTELLECTUAL PROPERTY & STANDARDS
 P.O. BOX 3001
 BRIARCLIFF MANOR , NY
 10510

TITLE
 Automatic system for monitoring person requiring care and his/her caretaker

FILING FEE RECEIVED 794	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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